

4096

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 33Registered No. 33

Arizona

## 1. PLACE OF BIRTH

County GilaState ARIZONA

Township

or Village

City Hayden

No.

St.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ysaura OrozcoIf child is not yet named  
supplemental report, as3. Sex FemaleIf plural  
births

## 4. Twin, triplet, or other

## 6. Premature

## 7. Legitimate?

8. Date of birth Aug 31

(Month, day, year)

## 5. Number, in order of birth

## Full term

## 9. Full name

## FATHER

Quinto Orozco

## 18. Full maiden name

## MOTHER

Genoveva Sanchez10. Residence (usual place of abode)  
(If non-resident, give place and State)Hayden, Ariz19. Residence (usual place of abode)  
(If non-resident, give place and State)Hayden, Ariz11. Color or race Mex12. Age at last birthday 72 (Years)20. Color or race Mex21. Age at last birthday 3013. Birthplace (city or place)  
(State or country)Mexico22. Birthplace (city or place)  
(State or country)Mexico14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.mill man23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.housewife15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.Copier Cementator24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.16. Date (month and year) last  
engaged in this work17. Total time (years)  
spent in this work 1325. Date (month and year)  
last engaged in this work26. Total time (years)  
spent in this work

## 27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 228. If stillborn,  
period of gestation 3 months  
or weeks

## 29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:00 P m. on the date above{ When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return.

(Signed)

or

Address

Filed

Given name added from

supplemental report

(Date of)

Registrar.

Acknowledged before me this 21st. day of October 1936.

Justice of the Peace.

N. B.—In case more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each in order of birth stated.